



## Complete Summary

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### TITLE

Melanoma: percentage of patients with a current diagnosis of melanoma or a history of melanoma who were entered into a recall system with the date for the next complete physical skin exam specified, at least once within the 12 month reporting period.

### SOURCE(S)

American Academy of Dermatology, Physician Consortium for Performance Improvement®, National Committee for Quality Assurance. Melanoma II physician performance measurement set. Chicago (IL): American Medical Association, National Committee for Quality Assurance; 2007 Oct. 23 p. [5 references]

## Measure Domain

### PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### SECONDARY MEASURE DOMAIN

Does not apply to this measure

## Brief Abstract

### DESCRIPTION

This measure is used to assess the percentage of patients with a current diagnosis of melanoma or a history of melanoma who were entered into a recall system with the date for the next complete physical skin exam specified, at least once within the 12 month reporting period.

### RATIONALE

Lack of follow-up with providers is noted in the Institute of Medicine (IOM) report on patient errors. Follow-up for skin examination and surveillance is an important aspect in the management of patients with a current diagnosis or a history of melanoma. The presence of a recall system, whether it is electronic or paper

based, enables providers to ensure that patients receive follow-up appointments in accordance with their individual needs.\*

\*The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:

Skin examination and surveillance at least once a year for life is recommended for all melanoma patients, including those with stage 0 in situ-melanoma. Frequency of dermatologic surveillance should be determined individually, based on risk factors, including skin type, family history, presence of dysplastic nevi, and history of non-melanoma skin cancers. Clinicians should also consider educating patients about monthly self-exam of their skin and lymph nodes. (National Comprehensive Cancer Network [NCCN])

For patients with stage IA melanoma, a comprehensive H&P (with specific emphasis on the regional nodes and skin) should be performed every 3 to 12 months as clinically indicated. For patients with stage IB-III melanomas, a comprehensive H&P (with emphasis on the regional nodes and skin) should be performed every 3 to 6 months for 3 years; then every 4 to 12 months for 2 years; and annually (at least) thereafter, as clinically indicated. (NCCN)

Each local skin cancer multidisciplinary team (LSMDT) and specialist skin cancer multidisciplinary team (SSMDT) should have at least one skin cancer clinical nurse specialist (CNS) who will play a leading role in supporting patients and carers. There should be equity of access to information and support regardless of where the care is delivered. A checklist may be used by healthcare professionals to remind them to give patients and carers the information they need in an appropriate format for pre-diagnosis, diagnosis, treatment, follow-up, and palliative care. This may also include a copy of the letter confirming the diagnosis and treatment plan sent by the consultant to the general practitioner (GP).

- Provide a rapid referral service for patients who require specialist management through the LSMDT or SSMDT.
- Be responsible for the provision of information, advice and support for patients managed in primary care and their care givers.
- Maintain a register of all patients treated, whose care should be part of a regular audit presented to the LSMDT/SSMDT.
- Liaise and communicate with all members of the skin cancer site-specific network group.
- Ensure that referring GP's are given prompt and full information about their patients' diagnosis or treatment in line with national standards on communication to GPs of cancer diagnoses.
- Collect data for network-wide audit (National Institute for Health and Clinical Excellence [NICE])

## **PRIMARY CLINICAL COMPONENT**

Melanoma; complete physical skin exam; recall system

## **DENOMINATOR DESCRIPTION**

All patients with a current diagnosis of melanoma or a history of melanoma (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

## **NUMERATOR DESCRIPTION**

Patients entered into a recall system with the target date for the next complete physical skin exam specified, at least once within the 12 month reporting period (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

## Evidence Supporting the Measure

### EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

## Evidence Supporting Need for the Measure

### NEED FOR THE MEASURE

Use of this measure to improve performance

### EVIDENCE SUPPORTING NEED FOR THE MEASURE

Institute of Medicine Committee on Quality of Health Care in America. Kohn LT, Corrigan JM, Donaldson MS, editor(s). To err is human: building a safer health system. Washington (DC): National Academy Press; 1999 Nov 1. 223 p.

## State of Use of the Measure

### STATE OF USE

Current routine use

### CURRENT USE

Internal quality improvement

## Application of Measure in its Current Use

### CARE SETTING

Ambulatory Care  
Physician Group Practices/Clinics

### PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

### TARGET POPULATION AGE

Patients of all ages are included in this measure

**TARGET POPULATION GENDER**

Either male or female

**STRATIFICATION BY VULNERABLE POPULATIONS**

Unspecified

**Characteristics of the Primary Clinical Component****INCIDENCE/PREVALENCE**

Unspecified

**ASSOCIATION WITH VULNERABLE POPULATIONS**

Unspecified

**BURDEN OF ILLNESS**

Unspecified

**UTILIZATION**

Unspecified

**COSTS**

Unspecified

**Institute of Medicine National Healthcare Quality Report Categories****IOM CARE NEED**

Living with Illness

**IOM DOMAIN**

Effectiveness

**Data Collection for the Measure****CASE FINDING**

Users of care only

**DESCRIPTION OF CASE FINDING**

All patients with a current diagnosis of melanoma or a history of melanoma

#### **DENOMINATOR SAMPLING FRAME**

Patients associated with provider

#### **DENOMINATOR INCLUSIONS/EXCLUSIONS**

##### **Inclusions**

All patients with a current diagnosis of melanoma or a history of melanoma

Refer to the original measure documentation for administrative codes.

##### **Exclusions**

Documentation of system reason(s) for not entering patients into a recall system (e.g., melanoma being monitored by another physician provider)

#### **RELATIONSHIP OF DENOMINATOR TO NUMERATOR**

All cases in the denominator are equally eligible to appear in the numerator

#### **DENOMINATOR (INDEX) EVENT**

Clinical Condition  
Encounter

#### **DENOMINATOR TIME WINDOW**

Time window is a single point in time

#### **NUMERATOR INCLUSIONS/EXCLUSIONS**

##### **Inclusions**

Patients entered into a recall system\* with the target date for the next complete physical exam specified, at least once within the 12 month reporting period

\*To satisfy this measure, the recall system must be linked to a process for notifying patients when their next physical exam is due and must include the following elements at a minimum: patient identifier, patient contact information, cancer diagnosis(es), date(s) of initial cancer diagnosis (if known), and the target date for the next complete physical exam.

Refer to the original measure documentation for administrative codes.

##### **Exclusions**

None

#### **MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS**

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

#### **NUMERATOR TIME WINDOW**

Fixed time period

#### **DATA SOURCE**

Administrative data  
Medical record

#### **LEVEL OF DETERMINATION OF QUALITY**

Individual Case

#### **PRE-EXISTING INSTRUMENT USED**

Unspecified

### **Computation of the Measure**

#### **SCORING**

Rate

#### **INTERPRETATION OF SCORE**

Better quality is associated with a higher score

#### **ALLOWANCE FOR PATIENT FACTORS**

Unspecified

#### **STANDARD OF COMPARISON**

Internal time comparison

### **Evaluation of Measure Properties**

#### **EXTENT OF MEASURE TESTING**

Unspecified

### **Identifying Information**

#### **ORIGINAL TITLE**

Measure #2: melanoma continuity of care - recall system.

## **MEASURE COLLECTION**

[The Physician Consortium for Performance Improvement® Measurement Sets](#)

## **MEASURE SET NAME**

[Melanoma Physician Performance Measurement Set](#)

## **SUBMITTER**

American Medical Association on behalf of the American Academy of Dermatology, the Physician Consortium for Performance Improvement®, and the National Committee for Quality Assurance (NCQA)

## **DEVELOPER**

American Academy of Dermatology  
National Committee for Quality Assurance  
Physician Consortium for Performance Improvement®

## **FUNDING SOURCE(S)**

Unspecified

## **COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE**

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## **FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST**

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

## **INCLUDED IN**

Ambulatory Care Quality Alliance

## **ADAPTATION**

Measure was not adapted from another source.

## **RELEASE DATE**

2007 Oct

## **MEASURE STATUS**

This is the current release of the measure.

## **SOURCE(S)**

American Academy of Dermatology, Physician Consortium for Performance Improvement®, National Committee for Quality Assurance. Melanoma II physician performance measurement set. Chicago (IL): American Medical Association, National Committee for Quality Assurance; 2007 Oct. 23 p. [5 references]

## **MEASURE AVAILABILITY**

The individual measure, "Measure #2: Melanoma Continuity of Care - Recall System," is published in the "Melanoma Physician Performance Measurement Set." This document and technical specifications are available in Portable Document Format (PDF) from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® Web site: [www.physicianconsortium.org](http://www.physicianconsortium.org).

For further information, please contact AMA staff by e-mail at [cqi@ama-assn.org](mailto:cqi@ama-assn.org).

## **NQMC STATUS**

This NQMC summary was completed by ECRI Institute on October 2, 2007. The information was verified by the measure developer on November 21, 2007.

## **COPYRIGHT STATEMENT**

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